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G-000-601 .21

**QUARTERLY FINANCIAL STATUS REPORTS - (COST RECOVERY FOR
FERNALD)**

01/30/95

OEPA
3
INVOICE

DOE-FN



State of Ohio Environmental Protection Agency

P.O. Box 163669, 1800 WaterMark Dr.
Columbus, Ohio 43216-3669
(614) 644-3020
FAX (614) 644-2329

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FERNALD
I-1315
FEB 1 2 27 PM '95

George V. Voinovich
Governor

January 30, 1995

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LIBRARY

Robert N. Mendelsohn
Contract Specialist
U. S. DOE, Fernald Field Office
7400 Willey Road
Cincinnati, OH 45239

Dear Mr. Mendelsohn,

Enclosed you will find 1 original and 1 copy of Quarterly Financial Status Reports (FSR), for:

DE-FG05-940R22167 Cost Recovery for Fernald

If you have any questions, please feel free to call Jim Beaton at 614-644-2926 or Donna Waggener at 614-644-2072.

Sincerely,

Paul M. Stiers
Chief, Fiscal Administration

Enclosures

c: Donna Waggener
Jim Beaton
Joyce Honesty
Sue Matthews



Printed on recycled paper


EPA 1613 (rev. 5/94)

FINANCIAL STATUS REPORT

(Short Form)

GN: X182

RC: GM94

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. DEPT. OF ENERGY CINCINNATI, OHIO		2. Federal Grant or Other Identifying Number Assigned By Federal Agency DE-FG05-94OR22167 DOE COST RECOVERY: FERNA		OBM Approval No. 0348-0039		Page 1		of 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) OHIO ENVIRONMENTAL PROTECTION AGENCY 1800 WATERMARK DRIV P.O. BOX 163669 COLUMBUS, OHIO 43266-3669									
4. Employer Identification Number 31 6402047		5. Recipient Account Number or Identifying Number GN: X182 DE-FG05-94OR22167		6. Final Report Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		7. Base Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/>			
8. Funding Grant Period From: (Month, Day, Year) 03/01/94			To: (Month, Day, Year) 09/30/94		9. Period covered by this report From: (Month, Day, Year) 10/01/94		To: (Month, Day, Year) 12/31/94		
10. Transactions:					I Previously Reported	II This Period	III Cumulative		
a. Total Outlays					125,104.00	200,566.00	325,670.00		
b. Recipient share of outlays					0.00%	0.00	0.00	0.00	
c. Federal share of outlays					100.00%	125,104.00	200,566.00	325,670.00	
d. Total unliquidated obligations								512,451.00	
e. Recipient share of unliquidated obligations								0.00	
f. Federal share of unliquidated obligations								512,451.00	
g. Total Federal share (Sum of lines c and f)								838,121.00	
h. Total Federal funds authorized for this funding period								1,497,589.00	
i. Unobligated balance of Federal funds (line h minus line g)								659,468.00	
11. INDIRECT EXPENSE									
a. TYPE OF RATE:		X FIXED							
		PERIOD	b. RATE	BASE	TOTAL AMOUNT		FEDERAL SHARE		
		SFY94	17.81%	1,538.00	274.00		274.00		
		SFY95	20.40%	159,212.00	32,479.00		32,479.00		
		SFY96	0.00%	0.00	0.00		0.00		
		0.00	0.00%	0.00	0.00		0.00		
		0.00	0.00%	0.00	0.00		0.00		
		TOTAL INDIRECT:		160,750.00	32,753.00		32,753.00		
12. Remarks: Attach any explanations deemed necessary or information required by federal sponsoring agency in compliance with governing legislation.									
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.									
Typed or Printed Name and Title PAUL M. STIERS, CHIEF FISCAL ADMINISTRATION					Telephone (Area code, number and extension) (614) 644 2339				
Signature of Authorized Certifying Official 					Date Report Submitted 1/30/95				
PREPARED BY: James T. Beaton					Telephone (Area code, number and extension) 614-644-2926				

Standard Form 269A (REV 4-88)

Prescribed by OMB Circulars A-102 and A-110

FINANCIAL STATUS REPORT

GN: X182

RC: GM94

(Short Form)

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4. Employer Identification Number 31 6402047		5. Recipient Account Number or Identifying Number GN: X182 DE-FG05-94OR22167		6. Final Report Yes X No		7. Base Cash X Accrual			
8. Funding Grant Period From: (Month, Day, Year) 03/01/94			To: (Month, Day, Year) 09/30/94		9. Period covered by this report From: (Month, Day, Year) 10/01/94		To: (Month, Day, Year) 12/31/94		
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		0.00	0.00%	0.00	0.00	0.00			
		0.00	0.00%	0.00	0.00	0.00			
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Typed or Printed Name and Title PAUL M. STIERS, CHIEF FISCAL ADMINISTRATION					Telephone (Area code, number and extension) (614) 644 2339				
Signature of Authorized Certifying Official <i>Paul M. Stiers</i>					Date Report Submitted <i>1/30/95</i>				
PREPARED BY: James T. Beaton					Telephone (Area code, number and extension) 614-644-2926				

Standard Form 269A (REV 4-88)

Prescribed by OMB Circulars A-102 and A-110